

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMC		2/29/01
O.I.P.E. CLASSIFIER		10	3/10/00
FORMALITY REVIEW	Umm	68831	5/1/00
RESPONSE FORMALITY REVIEW		61001	5/18/00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	12/1/00
2	12/1/00
3	12/1/00
4	12/1/00
5	12/1/00
6	12/1/00
7	12/1/00
8	12/1/00
9	12/1/00
10	12/1/00
11	12/1/00
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43	12/1/00
44	12/1/00
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48	12/1/00
49	12/1/00
50	12/1/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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